



Office of Statewide Health Planning and Development

**Healthcare Workforce Development Division**

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**SITE VISIT REPORT**  
**Loma Linda University**  
**Family Practice Residency Training Program**  
Report completed by: Manuela Lachica

**Date:** May 20, 2009

**Time:** 9:00 a.m. – 12:30 p.m.

**Location:** Loma Linda University  
Family Practice Residency Training Program  
25455 Barton Road  
Loma Linda, CA 92354

**Discussion:** Song-Brown staff met with Dr. Jaime Osborn, Program Director of the Loma Linda Family Practice Residency Training Program to review the site visit tool and to discuss the program.

**Site Tour:** Dr. Osborn drove Song-Brown staff to the SACH Norton Clinic in San Bernardino. This clinic is a on the former SACH Norton Air Force Base in San Bernardino and it serves medically underserved patients and is located in a lower socio economic area. The clinic provides primary care services, dental care and mental health services.

The site visit also included a visit to the Victoria School Free Clinic in Loma Linda. The clinic was started with Song-Brown Special Program funds in 2002-03. The clinic provides services to students and their families even though the hours have been reduced due to a lack of funding. The Loma Linda Family Practice Residents continue to see patients at least twice a month for a half day.

**Findings:** The success of the Loma Linda Family Practice Residency Training Program is the result of the leadership of Dr. Jaime Osborn. She has expanded the residency program from a 6-6-6 to a 10-10-10 and started a rural track in Hanford. The Loma Linda Family Practice Residency Training Program meets the standards of the Song-Brown Program.

**Attachments** Site Visit tool.

# SONG-BROWN HEALTH CARE WORKFORCE TRAINING PROGRAM

## Family Practice Residency Program Site Visit Evaluation Review

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### Training Program Information

**Name of Training Program:** Loma Linda University Family Medicine Residency

**Date of Site Visit:** 5/13/09

**Site Visit Review Staff:** Maneula La Chica and Melisa Omand

**Names and Titles of Persons Interviewed:** Jamie Osborn MD, Program Director; Audley Williams and Greg Steinke MD chief residents; Carmen, scheduler for Victoria Elementary School Free Clinic

Site visit questions relate to the Song-Brown Health Care Workforce Training Act Standards for Family Practice Residency Programs, established by the California Healthcare Workforce Policy Commission, pursuant to Health and Safety Code 128200. Each training program standard is presented in bold:

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- I. Each Family Practice Residency Training Program approved for funding and contracted with under the Song-Brown Health Care Workforce(hereinafter "the Act") shall, prior to the initiation of training and the transfer of State funds:**
    - A. Meet the American Medical Association's "ACGME program requirements for Graduate Medical Education in Family Practice", and**
    - B. Be approved by the Residency Review Committee on Family Practice of the American Medical Association, as documented in a formal letter of approval from the Residency Review Committee, or the Liaison Committee on Graduate Medical Education, and**
    - C. Be provided by an accredited medical school or a teaching hospital which has programs or departments that recognize family practice as a major independent specialty, or**

**For postgraduate osteopathic medical programs in family practice:**

- A. Be approved by the American Osteopathic Association (AOA) Council on Postdoctoral Training and meet requirements to ensure that Osteopathic Programs are comparable to programs specified above, and**
- B. Be accredited as an "Osteopathic Postdoctoral Training Institution" (OPTI) by the Bureau of Professional Education through the Council on Postdoctoral Training (COPT) and**
- C. Meet C requirement above.**

The following questions relate to Section I of the Training Program Standards:

1. Has the residency program formally been approved by the Residency Review Committee on Family Practice [or, for Osteopathic Postdoctoral Training Institution programs, the equivalent body of the American Osteopathic Association]?

Yes ☒ No ☐

If yes, Full ☒ Probationary ☐

Year that the next accreditation site visit is expected: Jan 2010

Concerns: All previous citations have been addressed

Additional comments relating to compliance with Section I of the Standards (optional): \_\_\_\_\_

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**II. Each Family Practice Residency Training Program, or Post Graduate Osteopathic Medical Program in Family Practice, approved for funding under the Act shall include a component of training in medically underserved multi-cultural communities, lower socioeconomic neighborhoods, or rural communities, and shall be organized to prepare family physicians for service in such neighborhoods and communities.**

**The following questions relate to Section II of the Training Program Standards:**

1. Does the program include a component of training in medically underserved multi-cultural communities, lower socioeconomic areas, or rural communities that is organized to prepare family physicians for service in such neighborhoods and communities? (Minimum standard requires that 15% of clinical training must be completed in areas of unmet need)

Yes ☒ No ☐ If no, provide comments:

95% of clinic patients and all rotations are in medically underserved communities.

Staff Comments: The Family Medicine Clinic (FMC) payer mix is 65% Medi-care, managed care, 30% Medi-Cal and 5% private. The patient population is 60% Spanish speaking at the FMC.

2. Describe the location of the residency program's principal family health center by completing the information below.

FHC Address	Medically Underserved Multi-cultural Community	Lower Socio-Economic Area	Rural Area	None of the Above	Length of Rotation		
					PG-1	PG-2	PG-3
25455 Barton Road, Suite 207A; Loma Linda CA 92354	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12 mo	12 mo	12 mo

3. Are all of the residency program's residents required to spend part of their three years in patient care in that location?

Yes ☒ No ☐

Did the site review include a visit to the principal family health center?

Yes ☒ No ☐

List components of training (other than the family health center) required of all residents that meet the intent of Section II of the Training Program Standard:

Training Site Name/Location	Medically Underserved Multi-cultural Community	Lower Socio-Economic Area	Rural Area	None of the Above	Length of Rotation		
					PG-1	PG-2	PG-3
SACH Norton clinic, San Bernardino CA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	n/a	1 mo	1 mo
Riverside County Regional Medical Center	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 mo	2 mo	n/a
Victoria School Free Clinic, San Bernardino CA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	n/a	1 mo	2 mo
Hanford Community Medical Center Hanford, CA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1 mo	n/a	n/a

4. Describe the location of the residency program's training component (other than its principal family health center):

Name of Training Site	Site Designation*					
	Other CHC	Rural Health Clinic	School Based Clinic	Other	FQHC or Look-Alike	Government Owned or Operated Facility
SACH Norton clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Victoria School Free Clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hanford Community Medical Center	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Riverside County Regional Medical Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

\*Check all applicable categories that describe the training component

Additional comments relating to compliance with Section II of the Standards (optional): \_\_\_\_\_

**III. Appropriate strategies shall be developed by each training institution receiving funds under the Act to encourage Family Physicians who are trained in the training program funded by the Act, to enter into practice in areas of unmet priority need for primary care family physicians within California as defined by the California Healthcare Workforce Policy Commission (hereinafter referred to as "areas of need"). Such strategies shall incorporate the following elements:**

- A. An established procedure to identify, recruit and match family practice residents who possess characteristics which would suggest a predisposition to practice in areas of need, and who express a commitment to serve in areas of need.

Yes ☒ No ☐

- B. An established counseling and placement program designed to encourage training program graduates to enter practice in areas of need.

Yes ☒ No ☐

- C. A program component such as a preceptorship experience in an area of need, which will enhance the potential of training program graduates to practice in such an area.

Yes ☒ No ☐

**The following questions relate to Section III of the Training Program Standards:**

1. Does the program have an established procedure to identify, recruit and match family practice residents who possess the following characteristics?

- a) A predisposition to practice in areas of need? Yes ☒ No ☐  
b) Who express a commitment to serve in areas of need? Yes ☒ No ☐

2. Check all applicable categories that describe the established procedure referenced in Section III of the Training Program Standards (above): (Minimum standard is to meet 4 of 9 categories)

- (a) Mission statement speaks to graduate deployment Yes ☒ No ☐  
(b) Website emphasizes underserved areas, populations Yes ☒ No ☐  
(c) Promotion of mission in interviews of residency applicants Yes ☒ No ☐  
(d) Does the programs underserved goals affect the ranking of residents Yes ☒ No ☐

If yes, how?

A) The mission statement from 2004, “Called to Excellence, Compassion, and Wholeness” drives everything the program does. Recently, the program was able to influence the wording of Loma Linda University Medical Center (LLUMC) core values, “Excellence, Compassion, Wholeness, Teamwork, and Integrity.” These five things are on every employee’s job performance evaluations throughout the medical center! In addition the program was selected to join the P4 national research and demonstration project on the personal medical home. The program has focused on “Nurturing System-Savvy Servant Leaders in Whole Person Care and training residents in multiple systems of care including underserved care, and a global health residency track

B) FMC clinic is described as serving culturally diverse and underinsured patients as do the other rotations sites in the region county medical centers.

C) The program is recognized regionally and nationally for their mission-driven recruiting methods.

(D) The program’s interview score (used to rank resident applicants) gives extra points to those with underserved goals and that speak Spanish

Special emphasis on recruiting residents from areas of unmet need

Yes ☒ No ☐

- (e) Developing core faculty with experience in underserved practices

Yes ☒ No ☐

- (f) Utilizing community physicians from underserved areas

Yes ☒ No ☐

(g) Offering preceptorships, clerkships to medical, pre-med students

Yes ☒ No ☐

If yes, please describe:

E) The program is currently recruiting new faculty. The faculty person who used to run the free clinic is moving this year. Two core faculty have been hired that have experience working in underserved areas, they will start this summer.

F) The program utilizes several community physicians in their OB rotation at Hanford.

G) The program sends students and residents to rural family medicine clerkships/rotations at Hanford. The program is making plans to utilize some of the rural clinics at Hanford as possible continuity FMC sites in the R1 year for all residents, when there is flexibility in FMC assignments. The program has designed special global medicine rotations to permit the four-year Global Health residents to spend time with cross-cultural underserved communities. These efforts, along with the personal leadership of Dr. Barbara Orr in the predoctoral program, have resulted in LLU achieving the AAFP Top Ten Award for the last 3 years (the top ten allopathic medical schools for number of graduates entering family medicine.)

(h) Formally promoting medical careers in high schools, colleges

Yes ☒ No ☐

If yes, please describe. LLUMC has outreach programs to local underserved middle and high-school students as well as a robust pipeline of private church-affiliated schools (K through pre-med) along with a loan deferral program to serve in global and rural Adventist hospitals.

Staff Comments: The selection criteria for the Family Medicine Program is mission driven, reviewers determine if each applicant meets the mission of the residency and whether the applicants life long learning experiences includes service to the underserved. Additional selection criteria include academic scores and speaking a second language.

Does the program have an established counseling and placement program designed to encourage training program graduates to enter practice in areas of need?

Yes ☒ No ☐

If yes, please describe: Recruiters from the largest rural clinic health network in California (through Adventist Health West) come 2-3 times a year to offer stipend, moving, and loan repayment programs to current residents.

3. Check all applicable categories that describe the established counseling and placement program referenced in Section III of the Training Program Standards (above): (Minimum standard is to meet 1 of 4 categories)

a) Faculty advisors/hospital management promote practice opportunities

Yes ☒ No ☐

b) Coordination with NHSC federal/state loan repayment programs

Yes ☐ No ☐

c) Coordination with community physicians in recruiting residents

Yes ☒ No ☐

d) A program for the placement of family physicians in underserved areas in addition to the Practice Management Course

Yes ☐ No ☐

Additional comments relating to compliance with Section III of the Standards (optional):

The 100-year mission of LLUMC is to serve health care needs both regionally and globally. LLU has a Deferred Mission Appointee program, which places physicians in underserved global communities in exchange for tuition forgiveness. Four of current residents are enrolled in this program.

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#### **Song-Brown Program questions:**

1. What year was the residency started? First accreditation in 1986

2. How long has the program been receiving Song-Brown funds? since 1998

a) What year did the program first apply? 1997

b) Has the program consistently applied for funding each year?

Yes ☒ No ☐

If no, explain: \_\_\_\_\_

3. Are program graduates made aware that they can contribute to the Song-Brown Program at the time of license renewal? Yes, Dr. Lauren Simon makes them aware as the CAFP representative

4. Explain how the program maintains contact with its graduates to obtain information about their practices. Include what information is gathered and how it is used.

Annual survey of graduates is performed, gathering information about practice type, scope of practice,



patient mix, and volunteer care. As a P4 program this data is maintained by the collection team for the national demonstration project. We use it to apply for funding and to help adjust the training needed for our residents.

5. How has your program benefited from receiving Song-Brown funds?

Yes! In addition to the obvious helpful impact of the scholarship funding. Song-Brown funds benefit the program in other ways as well; they have been able to start a free school clinic with special funding received around 2003-2004 and have found ways to sustain that clinic (with slightly limited hours in the past 2 years) since then. The program has been able to continue to place pressure on high-level administrators to continue the mission of care to underserved patients despite very adverse contracting. The program has benefited from the aligned missions between their institution and the OSHPD mission to improve delivery of primary care to underserved patients.

**The following are general questions relating to the administration of the Song-Brown program:**

1. Do you have any concerns about any of the following processes established for the administration of the Song-Brown Act? If yes, please describe.

- |  |     |                                     |    |                                     |
|--|-----|-------------------------------------|----|-------------------------------------|
| a) The applications for Song-Brown funds:    | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| b) The oral presentations to the Commission: | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| c) The contract process:                     | Yes | <input type="checkbox"/>            | No | <input checked="" type="checkbox"/> |
| d) The invoice process:                      | Yes | <input type="checkbox"/>            | No | <input checked="" type="checkbox"/> |

The program has expressed concern regarding the oral presentations. The program appreciates the “report card” or scoring system being more transparent.

2. Is there any information about the residency program not covered by the above questions that should be noted or included with this site visit report?

It is important for the commission to understand that the program has grown in size tremendously over the past 5 years. In 2003, the program was a 6-6-6 program. now it is 3 programs, each with 4 residents. Also, this was the program’s best recruiting year, as they have filled both of the LLU programs with the top 8 candidates on our rank lists. Hanford rural track filled even while doubling their size!

To clarify, the program has a 4-4-4 categorical three -year FM residency. the rural track at Hanford went from 2 residents to 4 per class this year, giving them 4-2-2 with 2 of the first 3 graduates settling in the local area. The combined Family and Preventive medicine Four Year Combined residency is the first of its kind, and will have 4-4-4-3 residents as of July 1, 2009. This gives the program a total of 31 residents this July, when just 5 years ago there were only 18.

The other issue of import this year has been the very difficult issue of stabilizing the mixture of underserved patients within the private non-profit sector. The medical center’s contract negotiations with Medi-Cal managed care provider IEHP have been turbulent. One year ago IEHP designated LLU as a non-preferred site for adult care, primarily due to cost reasons since LLU is a tertiary referral center. To preserve the relationships

with patients (65% of whom have IEHP in our resident continuity clinic), the program began to direct contract with IEHP to continue offering outpatient primary care. The program cared for their patients in a very fragmented system. The contracted sites for ancillary and specialty services did not interface with their electronic medical record system. The program resurrected the paper system just for the IEHP patients. However, in April, when LLUMC and IEHP did not reach an agreement about per diem hospital rates, IEHP unilaterally decided to “relocate” all adult lives with just 30 days’ verbal warning. Two days before the relocation, IEHP rescinded their plan to move the adult patients...after several hours were spent to prepare them for a smooth transition to another provider. With an accreditation site visit looming a few months away, LLUMC and the residency are exploring how to shift to an FQHC model as soon as possible, to try to prevent this sort of destabilization of the training environment.

Staff Comments: The Loma Linda Family Medicine Residency Program is the only program in the Nation to offer the Family Medicine / Preventive Medicine Combined Program. It is a 4-year Program that is approved by Family Medicine and Preventive Medicine Boards and provides graduates with a dual degrees and a Master’s in Public Health.

The Loma Linda FM Residency Program is one of 14 programs in the nation to be selected to participate in the P4 Initiative: Preparing the Personal Physician for Practice (P4).

The Loma Linda University Family Medicine Residency Program meets the standards of the Song-Brown Program.